

**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

		Application Number	10/796,875
		Filing Date	March 8, 2004
		First Named Inventor	Lurie, Keith G.
		Art Unit	1614
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	016354-005213US

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP Darin J. Gibby	Reg. No. 38,464
Signature		
Date	July 29, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Connie Larson		
Signature		Date	July 29, 2004



IFW

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 106)

**Complete if Known**

Application Number	10/796,875
Filing Date	March 8, 2004
First Named Inventor	Lurie, Keith G.
Examiner Name	
Art Unit	1614
Attorney Docket No.	016354-005213US

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **20-1430**

Deposit Account Name **Townsend and Townsend and Crew LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	31	-24** = 7	X \$9	\$63
Independent Claims	4	-3** = 1	X \$43	\$43
Multiple Dependent			X	

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$106)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	420	2252	210	Extension for reply within second month		
1253	950	2253	475	Extension for reply within third month		
1254	1,480	2254	740	Extension for reply within fourth month		
1255	2,010	2255	1,005	Extension for reply within fifth month		
1401	330	2401	165	Notice of Appeal		
1402	330	2402	165	Filing a brief in support of an appeal		
1403	290	2403	145	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive – unavoidable		
1453	1,330	2453	665	Petition to revive – unintentional		
1501	1,330	2501	665	Utility issue fee (or reissue)		
1502	480	2502	240	Design issue fee		
1503	640	2503	320	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Petitions related to provisional applications		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))		
1801	770	2801	385	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other fee (specify) _____						

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Darin J. Gibby	Registration No. (Attorney/Agent)	38,464	Telephone	303-571-4000
Signature				Date	July 29, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



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**PATENT**  
Attorney Docket No.: 016354-005213US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

*On July 29, 2004*

TOWNSEND and TOWNSEND and CREW LLP

By: *Connie Larson*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Keith G. Lurie

Application No.: 10/796,875

Filed: March 8, 2004

For: VENTILATOR AND METHODS  
FOR TREATING HEAD TRAUMA  
AND LOW BLOOD CIRCULATION

Customer No.: 20350

Confirmation No. 2670

Examiner:

Technology Center/Art Unit:

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 102 of this paper.

Remarks begin on page 7 of this paper.

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08/03/2004 BSAYAS1 00000006 201430  
01 FC:2201 43.00 DA  
02 FC:2202 63.00 DA